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Effective on 12/08/2004.	Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/511,078				
TRANSMITTAL	Filing Date	March 16,2005				
For FY 2006	First Named Inventor	Holger Luethje				
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Octavia L. Davis				
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2855				
TOTAL AMOUNT OF PAYMENT (\$) 1810.00	Attorney Docket No.	1-16784				
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 13-1816 Deposit Account Name: MARSHALL & MELHORN, LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$)	Small Entity	MINATION FEES Small Entity (\$) Fee (\$) Fees Paid (\$)				

EE CALCULATION							
BASIC FILING, SEA	ARCH, AND	EXAMINATIO	N FEES				
		FILING FEES SEARCH FEES		EXAMINATION FEES			
Application Type	<u>Fee (\$)</u>	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
. EXCESS CLAIM FEES Fee Description						<u>Fee (\$)</u>	Small Entity Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent			,			360	180
Total Claims					Multiple Dependent Claims		
20 or HB	_		_			Ecc (\$)	Eco Paid (\$)

- 20 or HP = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims

HP = highest number of independent claims paid for, if greater than 3.

3 Δ	PPI	ICA	TION	SIZE	FFF

2.

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Extra Sheets Number of each additional 50 or fraction thereof Total Sheets __ (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

1810.00

SUBMITTED BY Registration No. Telephone 419-249-7146 Signature Name (Print/Type) D. Edward Dolgorukov

Other (e.g., late filing surcharge): RCE FILING FEE AND 3-MONTH EXTENSION OF TIME

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